

Reporting a Boating Accident

As the operator of a vessel, you are required by law to file a formal, written report of your boating accident with the Department of Game and Inland Fisheries under certain circumstances.

When a Report is Required

A formal, written report must be filed with DGIF when there is:

- damage over \$2000 by or to the vessel or its equipment;
- injury (requiring medical help beyond first aid) or loss of life; and/or
- disappearance of any person on board a vessel.

Failure to report boating accidents as specified above shall be punishable as a Class 4 Misdemeanor. When a person dies or disappears as a result of an occurrence that involves a vessel or its equipment, the operator is required by law to notify the Department of Game and Inland Fisheries in Richmond, Virginia, or the most immediately available Department Game Warden without delay and by the quickest means possible.

Time Frame for Reporting

Reports must be filed within the following time frames from the boating accident:

- 48 hours if there is loss of life within 24 hours of the accident;
- 48 hours if a person involved is injured and cannot perform usual activities;
- 48 hours if a person disappears;
- 10 days if an earlier report is not required but becomes necessary; and/or
- 10 days if the boat or property damage is in excess of \$2000 or total boat loss.

How to Report an Accident

You may submit the completed forms in person or send them to the Law Enforcement Division--Boating Accident, Virginia Department of Game and Inland Fisheries, P.O. Box 11104, Richmond, Virginia 23230-1104. The boat operator or owner usually completes the form unless she/he is physically unable to do so.

Call the Law Enforcement Division at the Department of Game and Inland Fisheries if you have difficulty completing an accident report form (Central Office in Richmond, 804.367.1000).

To inform Law Enforcement about an accident that has just occurred, please call your county or city law enforcement group, sheriff's office, Game Warden, or Department dispatcher (804-367-1258).

Why Report an Accident

Reporting boating accidents is required by law in the specific situations mentioned (see "[When a Report is Required](#)"). The information you submit is used to determine

safer boating practices which are then shared with the boating public, boat manufacturers and equipment manufacturers. The details you provide may prevent another boater from having a similar accident. Thank you for your cooperation with the law and in helping others.

Duty to Stop and Render Assistance

It is the duty of every operator involved in a collision to stop and offer assistance. Operators involved in a collision who knowingly fail to comply with this law when the collision or accident results in serious bodily injury to, or the death of, any person, shall be guilty of a Class 6 Felony. When the collision or accident results in only property damage, the operator who does not comply with this law shall be guilty of a Class 1 Misdemeanor. Damage of less than \$50 to an unattended vessel is punishable by a maximum \$50 fine.



VIRGINIA DEPARTMENT OF GAME & INLAND FISHERIES
P. O. BOX 11104, RICHMOND, VA 23230-1104

Year:
Control No.:

BOATING ACCIDENT REPORT

The operator/owner of a vessel used for recreational purposes is required to file a report in writing whenever an accident results in: loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of \$2000 or complete loss of the vessel. Reports in death and injury cases must be submitted within 48 hours. Reports in other cases must be submitted within 10 days. Reports must be submitted in person or by mail to the above address. This form is provided to assist the operator in filing the required written report.

COMPLETE ALL BLOCKS. (indicate those not applicable by "NA")

NAME AND ADDRESS OF OPERATOR		AGE OF OPERATOR DATE OF BIRTH	OPERATOR'S EXPERIENCE This type of boat <input type="checkbox"/> Under 20 Hours <input type="checkbox"/> 20-100 Hours <input type="checkbox"/> 100-500 Hours <input type="checkbox"/> Over 500 Hours Other Boat Operating Exp. <input type="checkbox"/> Under 20 Hours <input type="checkbox"/> 20-100 Hours <input type="checkbox"/> 100-500 Hours <input type="checkbox"/> Over 500 Hours	
OPERATOR TELEPHONE NUMBER		OWNER TELEPHONE NUMBER		
NAME AND ADDRESS OF OWNER		RENTED BOAT? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF PERSONS ON BOARD	FORMAL INSTRUCTION IN BOATING SAFETY <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> U.S. Power Squadrons <input type="checkbox"/> USCG Auxiliary <input type="checkbox"/> American Red Cross <input type="checkbox"/> Other (Specify)
VESSEL NO. 1 (this vessel)				
BOAT REGISTR. NO.	BOAT NAME	BOAT MAKE	BOAT MODEL	MFR. HULL ID NO.
TYPE OF BOAT <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Auxiliary Sail <input type="checkbox"/> Sail (only) <input type="checkbox"/> Rowboat <input type="checkbox"/> Canoe <input type="checkbox"/> Other(Specify)	HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Rubber/Vinyl <input type="checkbox"/> Other (Specify)	ENGINE <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard gasoline <input type="checkbox"/> Inboard diesel <input type="checkbox"/> Inboard-outdrive <input type="checkbox"/> Jet <input type="checkbox"/> Other (Specify)	PROPULSION No. of engines: Horsepower(total): Type of fuel: Has boat had a Safety Examination? <input type="checkbox"/> YES <input type="checkbox"/> NO For Current Year? <input type="checkbox"/> YES <input type="checkbox"/> NO Year: Indicate whether: <input type="checkbox"/> USCG Auxiliary Courtesy Marine Exam. <input type="checkbox"/> State/local examination <input type="checkbox"/> Other	CONSTRUCTION Length: Year built(boat):

ACCIDENT DATA

DATE OF ACCIDENT	TIME am Pm	NAME OF BODY OF WATER	LOCATION (Give location precisely) Lat: Long:		
STATE	NEAREST CITY OR TOWN		COUNTY		
WEATHER <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Cloudy <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Hazy	WATER CONDITIONS <input type="checkbox"/> Calm(waves less than 6") <input type="checkbox"/> Choppy(waves 6"-2') <input type="checkbox"/> Rough(waves 2'-6') <input type="checkbox"/> Very Rough(greater than 6') <input type="checkbox"/> Strong Current	TEMPERATURE (Estimate) Air: °F Water: °F	WIND <input type="checkbox"/> None <input type="checkbox"/> Light(0-6mph) <input type="checkbox"/> Moderate(7-14mph) <input type="checkbox"/> Strong(15-25mph) <input type="checkbox"/> Storm(Over 25mph)	VISIBILITY Day Night <input type="checkbox"/> Good <input type="checkbox"/> <input type="checkbox"/> Fair <input type="checkbox"/> <input type="checkbox"/> Poor <input type="checkbox"/>	
OPERATION AT TIME OF ACCIDENT (Check all applicable) <input type="checkbox"/> Commercial Activity <input type="checkbox"/> Cruising <input type="checkbox"/> Maneuvering <input type="checkbox"/> Approaching Dock <input type="checkbox"/> Leaving Dock <input type="checkbox"/> Water Skiing <input type="checkbox"/> Towing <input type="checkbox"/> Skin Diving/Swimming <input type="checkbox"/> Other (Specify)		TYPE OF ACCIDENT <input type="checkbox"/> Grounding <input type="checkbox"/> Capsizing <input type="checkbox"/> Flooding <input type="checkbox"/> Sinking <input type="checkbox"/> Falls in Boat <input type="checkbox"/> Fallen skier <input type="checkbox"/> Fire or Explosion(fuel) <input type="checkbox"/> Fire or Explosion (other than fuel) <input type="checkbox"/> Collision with vessel <input type="checkbox"/> Collision with fixed object <input type="checkbox"/> Collision with floating object <input type="checkbox"/> Falls Overboard <input type="checkbox"/> Hit by Boat or Propeller <input type="checkbox"/> Other (Specify)		WHAT IN YOUR OPINION CONTRIBUTED TO THE ACCIDENT? (Check all applicable) <input type="checkbox"/> Weather <input type="checkbox"/> Alcohol use <input type="checkbox"/> Excessive speed <input type="checkbox"/> Drug use <input type="checkbox"/> No Proper Lookout <input type="checkbox"/> Fault of Hull <input type="checkbox"/> Restricted Vision <input type="checkbox"/> Fault of Machinery <input type="checkbox"/> Overloading <input type="checkbox"/> Fault of Equipment <input type="checkbox"/> Improper Loading <input type="checkbox"/> Operator Inexperience <input type="checkbox"/> Hazardous Waters <input type="checkbox"/> Operator Inattention <input type="checkbox"/> Other (Specify)	
PERSONAL FLOATATION DEVICES (PFD'S) Was the boat adequately equipped with COAST GUARD APPROVED FLOTATION DEVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO Were they accessible? <input type="checkbox"/> YES <input type="checkbox"/> NO Were they serviceable? <input type="checkbox"/> YES <input type="checkbox"/> NO Were they used by survivors? <input type="checkbox"/> YES <input type="checkbox"/> NO What Type? <input type="checkbox"/> I, <input type="checkbox"/> II, <input type="checkbox"/> III, <input type="checkbox"/> IV, <input type="checkbox"/> V (specify) Were PFD's properly Used? <input type="checkbox"/> YES <input type="checkbox"/> NO Adjusted? <input type="checkbox"/> YES <input type="checkbox"/> NO Sized? <input type="checkbox"/> YES <input type="checkbox"/> NO Include any comments on PFD's under ACCIDENT DESCRIPTION on other side of form			PROPERTY DAMAGE Estimated amount This Boat \$ Other Boat \$ Other Property \$ FIRE EXTINGUISHERS Were they used? (If yes, list Type(s) and number used.) <input type="checkbox"/> YES <input type="checkbox"/> NO Types: DESCRIBE PROPERTY DAMAGE NAME/ADDRESS - OWNER OF DAMAGED PROPERTY		

If more than 3 fatalities and/or injuries, attach additional form(s).					
DECEASED					
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? [] Swimmer [] Non-Swimmer	DEATH CAUSED BY [] Drowning [] Other [] DISAPPEARANCE	WAS PFD WORN? [] YES [] NO What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? [] Swimmer [] Non-Swimmer	DEATH CAUSED BY [] Drowning [] Other [] DISAPPEARANCE	WAS PFD WORN? [] YES [] NO What Type?
NAME	ADDRESS	DATE OF BIRTH	WAS VICTIM? [] Swimmer [] Non-Swimmer	DEATH CAUSED BY [] Drowning [] Other [] DISAPPEARANCE	WAS PFD WORN? [] YES [] NO What Type?
INJURED					
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY		MEDICAL TREATMENT [] YES [] NO
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY		MEDICAL TREATMENT [] YES [] NO
NAME	ADDRESS	DATE OF BIRTH	NATURE OF INJURY		MEDICAL TREATMENT [] YES [] NO
ACCIDENT DESCRIPTION					
DESCRIBE WHAT HAPPENED (Sequence of events. Include Failure of Equipment. If diagram is needed attach separately. Continue on additional sheets if necessary. Include any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident. Include any descriptive information about the use of PFD's.)					
VESSEL NO. 2 (if more than 2 vessels, attach additional form(s)).					
Name of Operator		Address		Boat Number	
Telephone Number				Boat Name	
Name of Owner		Address			
WITNESSES					
Name		Address		Telephone Number	
Name		Address		Telephone Number	
Name		Address		Telephone Number	
PERSON COMPLETING REPORT					
SIGNATURE		Address		Telephone Number	
Qualification(Check One) [] Operator [] Owner [] Investigator [] Other				Date Submitted	
(do not use) – FOR REPORTING AUTHORITY REVIEW (use agency date stamp)					
Causes based on (check one) [] This Report [] Investigation and this report [] Investigation [] Could not be determined		Name of Reviewing Office		Date Received	
Primary Cause of Accident		Secondary Cause of Accident		Reviewed By	